FALL PRE-SCHOOL PROGRAM - 9:30-1	2:30 Rec'd ALL INFORMATION	No	#
NAME OF PARTICIPANT:	ALL INFORMATION	FEE: \$ 375.00	1
	POV or CIDI		
ADDRESS: DATE OF BIRTH:	BOY or GIRL	CASH OR CH	IECK
ADDRESS:		Payable To:	DECREATION
HOME PHONE:	Fa4ba		RECREATION
PARENTS FIRST NAMES: Mother	<u>Father</u>		
WORK PHONE: Mother	<u>Father</u>		
CELL PHONE NUMBERS: Mother	<u>Fathe</u>	<u>r</u>	
Parents E-mail addresses (for office use only))		
EMERGENCY NAME (someone other than parent			
LAST NAME OF PARENT IF DIFFERENT THAN CH Are there medical conditions/medications/allergic		fwhia hwa aha	uld be swere?
	es/special situations of	i which we sho	uid be aware?
NO YES Please detail:			
THIS FORM WITH PAYMENT MUST BE S	LIRMITTED TODAY IN	ORDER TO BE	VALID
IIIIS I OKWI WITH PATWIENT WOST BE S	ODWITTED TODAT IN	ORDER TO BE	VALID
FALL PRE-SCHOOL PROGRAM - 9:30-12	2:30 Rec'd	No	#
	ALL INFORMATION	NO	#
NAME OF PARTICIPANT:		FEE: \$ 375.00)
AGE: DATE OF BIRTH:	BOY or GIRL	CASH OR CH	ECK
ADDRESS:		Payable To:	
HOME PHONE:		WESTWOOD	RECREATION
PARENTS FIRST NAMES: Mother	Fathe	r	
WORK PHONE: Mother	Father	r	
CELL PHONE NUMBERS: Mother	Fathe	r	
Parents E-mail addresses (for office use only)			
EMERGENCY NAME (someone other than parent) & PHONE #:			
LAST NAME OF PARENT IF DIFFERENT THAN CHILD:			
Are there medical conditions/medications/allergies/special situations of which we shou Id be aware?			
NO YES Please detail:	-		